

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|--|
| 1. File Number U- 8521 | 2. Fiscal Year Covered From: [1] / [1] / [2004] Through: [32] / [31] / [2004] |
| 3. Name and address of person filing. Name Joseph B Vieira | 4. Name, file number, and address of labor organization. Name Operating Engineers Local Union No. 3 Labor Organization File Number 035-651 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 1401 Shortridge Avenue | Street 1620 South Loop Road |
| City San Jose | City Alameda |
| State California | State California |
| ZIP Code + 4 95116 | ZIP Code + 4 94502 |
| 5. Position in labor organization. Director of Finance/Administration | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name | 7.a. Nature of Interest, Transaction, or Income. |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| Street | |
| City | |
| State | |
| ZIP Code + 4 | |

(Signature) _____ *(Title) _____* *(Date) _____*

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On: **8/10/05**

Date

408-275-8203

Telephone Number

| | | |
|---|--|--|
| Name of Person Filing Joseph Vieira | | File Number U- |
| <p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p> | | |
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name: Operating Engineers Credit Union</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street: 250 North Canyons Parkway</p> <p>City: Livermore</p> <p>State: California ZIP Code + 4: 94551</p> | | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p> | | <p>11.a. Nature of such dealing.</p> <p>Local Union credit union.</p> |
| | | <p>11.b. Approximate dollar value of such dealing.</p> <p>N/A</p> |
| | | <p>12.a. Nature of interest held or income received.</p> <p>Board Meeting fee. Expenses for attending the RSM McGladrey Conference.</p> |
| | | <p>12.b. Amount.</p> <p>\$1,389</p> |
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p> | | <p>14.a. Nature of payment.</p> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | | <p>14.b. Amount of payment.</p> <p><input type="checkbox"/></p> |

Name of Person Filing Joseph Vieira

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | | | |
|--|--|--|-------|
| 8. Name and address of Business (including trade name, if any). | | 9. Business deals with: | |
| Name <input type="text" value="Auwest Insurance"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any: <input type="text" value="P.O. Box 18973"/> Street: <input type="text"/> City: <input type="text" value="Irvine"/> State: <input type="text" value="California"/> ZIP Code + 4: <input type="text" value="92623"/> | | <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | | 11.a. Nature of such dealing. | |
| Name: <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any: <input type="text"/> Street: <input type="text"/> City: <input type="text"/> State: <input type="text"/> ZIP Code + 4: <input type="text"/> | | Insurance broker. | |
| | | 11.b. Approximate dollar value of such dealing. | |
| | | 12.a. Nature of interest held or income received. LLB; Stapleton Golf Tournament; Carpenters Moose Feed. | |
| | | 12.b. Amount. | \$350 |

Name of Person Filing Joseph Vieira

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Operating Engineers Health & Wel. Trust Fd.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street:

City:

State:

ZIP Code + 4

11.a. Nature of such dealing.

Local Union's health and welfare trust fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meeting expense for IF Conference and IF Institute for Investment.

12.b. Amount.

\$2,211

Name of Person Filing Joseph Vieira

File Number U-

Part B Continuation Page

B. Hold an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any: ATPA

P.O. Box, Bldg., Room No., if any:

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers Trust Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street 1640 South Loop Road

City Alameda

State California ZIP Code + 4 94502

11.a. Nature of such dealing.

ATPA provides third party administration services to the Local Union's related pension and health and welfare trust funds.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunches, dinners, beverages and other events hosted by ATPA.

12.b. Amount.

\$380

Name of Person Filing Joseph Vieira

File Number L-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).Name **McMorgan & Company**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street **1 Bush Street, Suite 800**City **San Francisco**State **California** ZIP Code + 4 **94104****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any: _____

Street: _____

City: _____

State: _____ ZIP Code + 4: _____

9. Business deals With:

- a. Labor Organization
 b. Trust
 c. Employer

11.a. Nature of such dealing.

Investment Manager.

11.b. Approximate dollar value of such dealing.Lunches, dinners and other events hosted by
McMorgan & Co.**12.b. Amount.**

\$381